

Appendix C - Injury / Illness Report

Bayside Area Little League



Injury / Illness Report

Date of incident \_\_\_\_\_

Name of Person \_\_\_\_\_

Parent Name (if minor) \_\_\_\_\_

Phone # \_\_\_\_\_

Team Name \_\_\_\_\_

Manager &/Or Coach Name \_\_\_\_\_

Type of injury / illness \_\_\_\_\_

Circumstances surrounding incident / explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location (i.e. field 1, concession, stands...) \_\_\_\_\_

\_\_\_\_\_

Was medical treatment required? \_\_\_\_\_

What kind of treatment? \_\_\_\_\_

\_\_\_\_\_

On site treatment provided by \_\_\_\_\_

Was additional medical treatment sought? (i.e. the injured person was taken home, to a doctor,

to the hospital) \_\_\_\_\_

\_\_\_\_\_

Was a parent or guardian present? \_\_\_\_\_

Follow-up by \_\_\_\_\_

Method of follow-up \_\_\_\_\_

information learned during follow-up \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Signature of Board Member or League Representative

\_\_\_\_\_  
Date completed